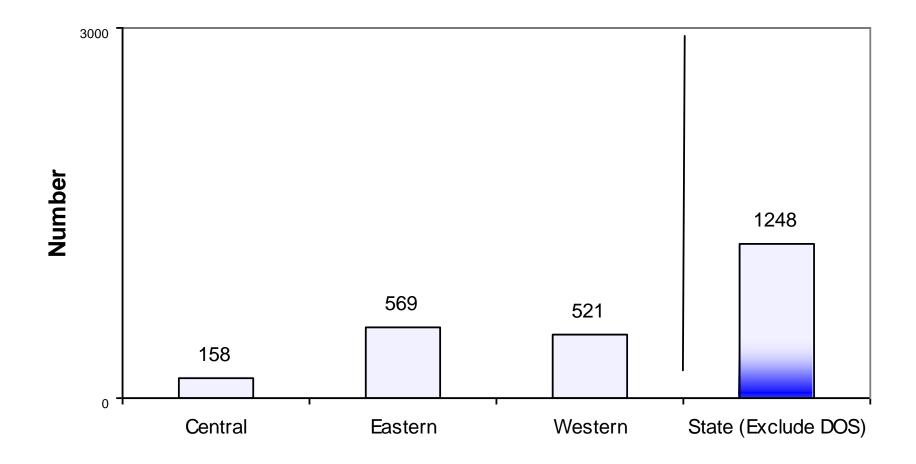
State Trauma Care Committee Report November 17, 2008

Montana Trauma Registry January 1 – June 30, 2008







Central Region Facilities

Fort Benton - Missouri River Medical Center	
Big Sandy - Big Sandy Medical Center	•
Choteau - Teton Medical Center MAF	•
Conrad - Pondera Medical Center	10
Chester - Liberty County Hospital	4
Great Falls- Benefis Health Care	83
Townsend - Broadwater Health Center	;
Helena - St. Peter's Hospital	37
White Sulphur Springs - Mountainview Med Ctr.	2

147



Ennis - Madison Valley Hospital	6
Livingston Memorial Hospital	24
Sheridan - Ruby Valley Memorial	1
Roundup Memorial Hospital	1
Culbertson - Roosevelt Memorial Med Ctr	6
Harlowton - Wheatland Memorial Hospital	3
Malta - Phillips County Medical Center	1
Red Lodge - Beartooth Hospital & Health Center	8
Wolf Point - Northeast Montana Health Services	12
Poplar - Northeast Montana Health Services	11
Glasgow - Frances Mahon Deaconess Hospital	7
Big Timber - Sweet Grass Community Hospital	10
Hardin - Big Horn County Memorial Hospital	6
Crow Agency - IHS Hospital	39
Bozeman Deaconess Hospital	100
Billings - Deaconess - Billings Clinic	209
Billings - Saint Vincent Hospital & Health Center	122
Colstrip Medical Center	7
	573



Western Region Facilities

Plains - Clark Fork Valley Hospital	15
Polson - St. Joseph Hospital	8
Anaconda - Community Hospital of Anaconda	14
Dillon - Barrett Hospital	16
Superior - Mineral County Hospital	20
Ronan - St. Luke Community Hospital	11
Deer Lodge - Powell County memorial Hospital	15
Kalispell Regional Hospital	164
Missoula - Community Medical Center	44
Butte - St. James Community Hospital	58
Missoula - St. Patrick Hospital	168

533

Data Missing



Cases Submitted after Reports run



Additional Registry Facilities

- Daniels Memorial, Scobey
- Roosevelt Medical Center, Culbertson
- Granite County, Phillipsburg
- McCone County, Circle
- Central Montana Medical, Lewistown
- Ruby Valley, Sheridan



Additional Registry Facilities

- Prairie Community, Terry
- Madison Valley, Ennis
- Fallon Medical Center, Baker
- Powder River, Broadus
- Dahl Memorial, Ekalaka
- Northern Rockies, Cutbank
- Rosebud Health Center, Forsyth
- Holy Rosary, Miles City

2008 Patient YTD Demographics

77% ages 10-64 7% < 10
$$14\% \ge 65$$
 (26% > 55)

78% White 13% Native 3% Other 6% ND (Western 2 facilities = 62^{cases}/79%)

65% Male 34% Female

2008 Patient YTD

Demographics

91% Blunt 7% Penetrating

2% Burns 1% Anoxia

39% MVC 26% Falls

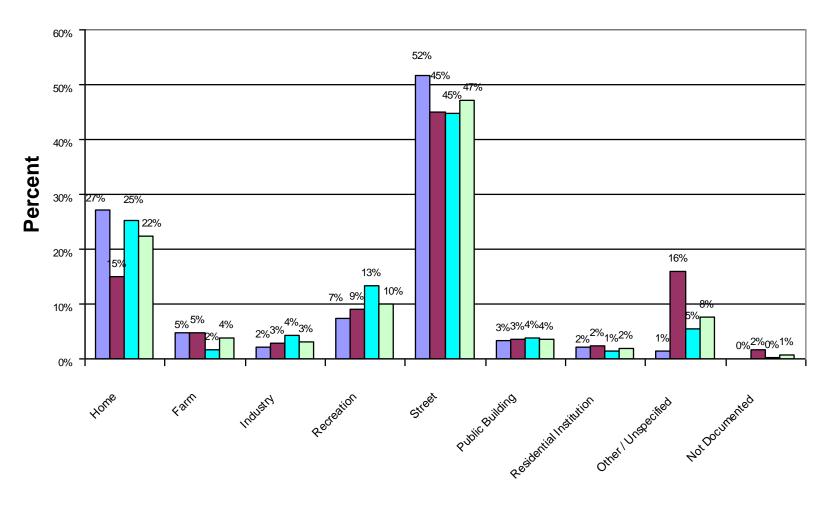
13% MC 4% Horse

4% Assault 4% Pedestrian

2% Bicycle 1% Other

8% Not Documented (100 cases)

Location by Region Comparison

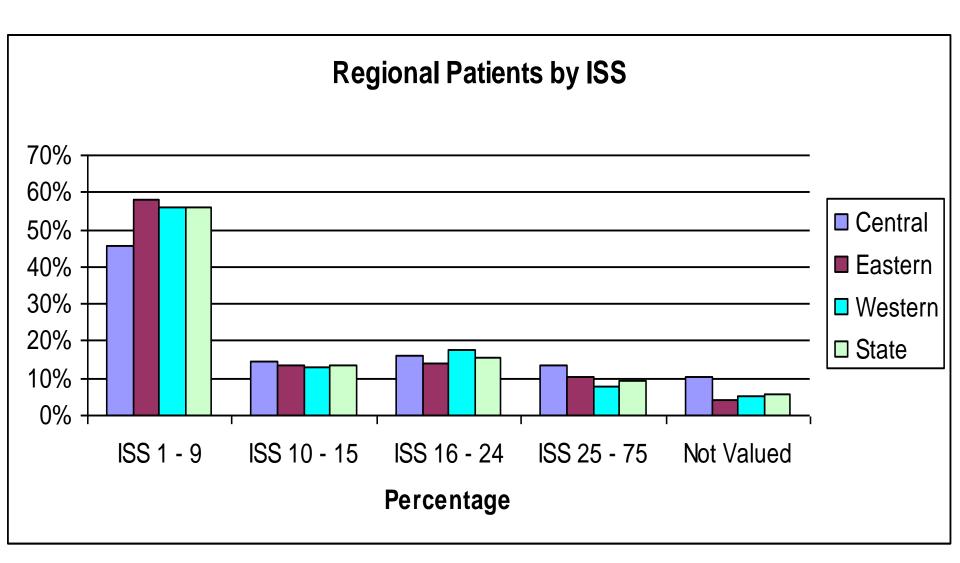


□ Central ■ Eastern □ Western □ State

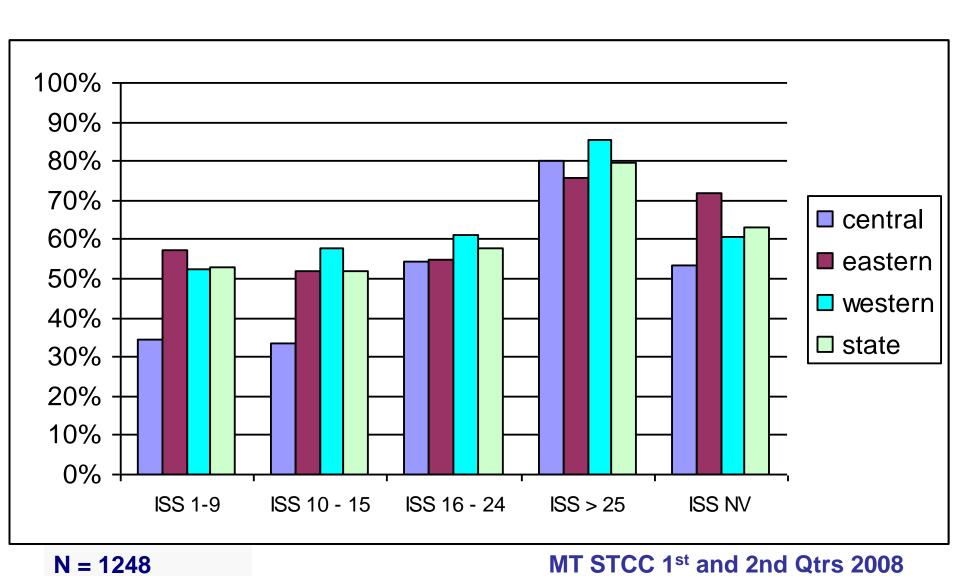
N = 1248

MT STCC 1st and 2nd Qtrs 2008

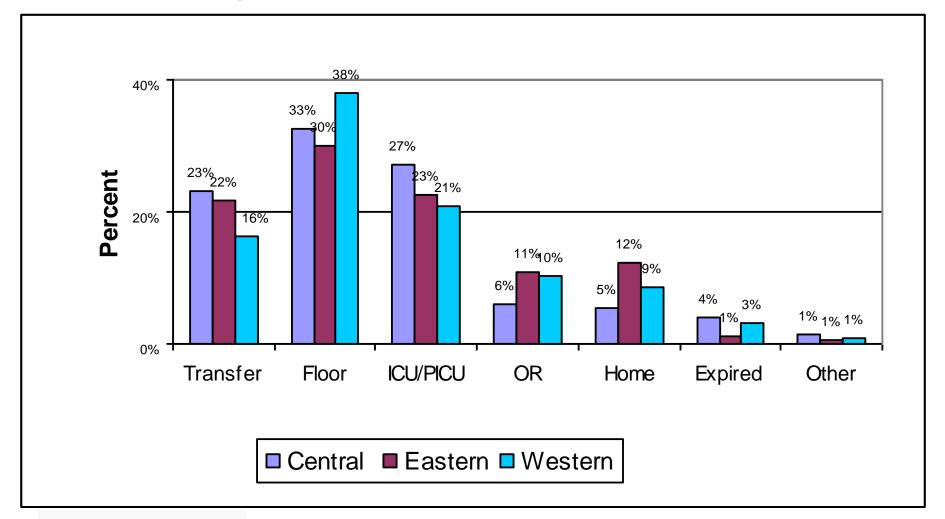




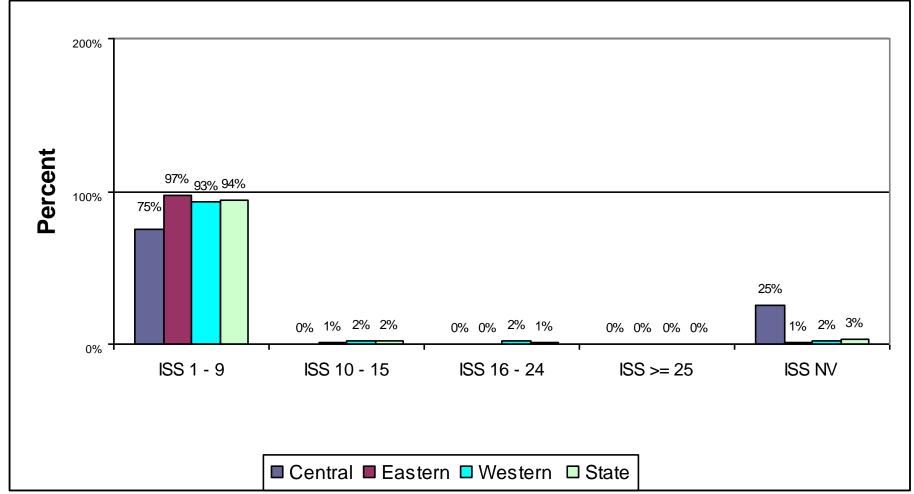




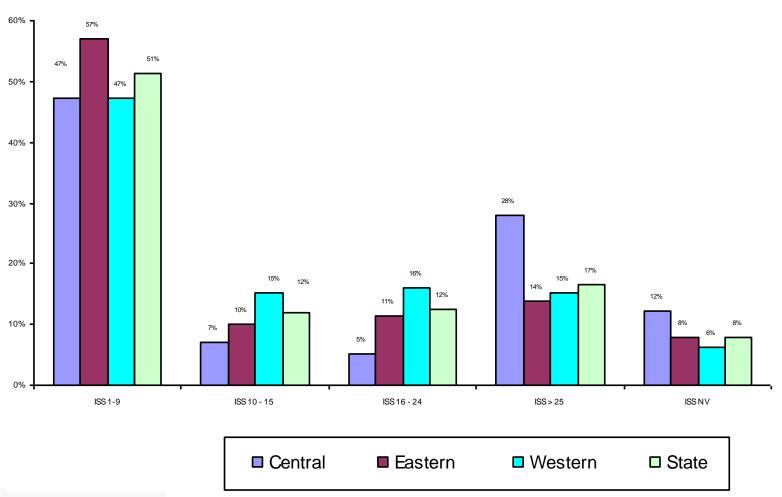




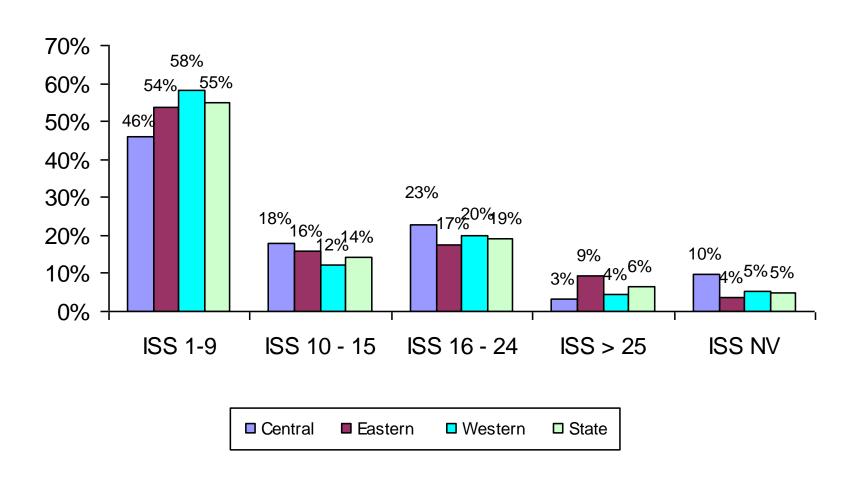




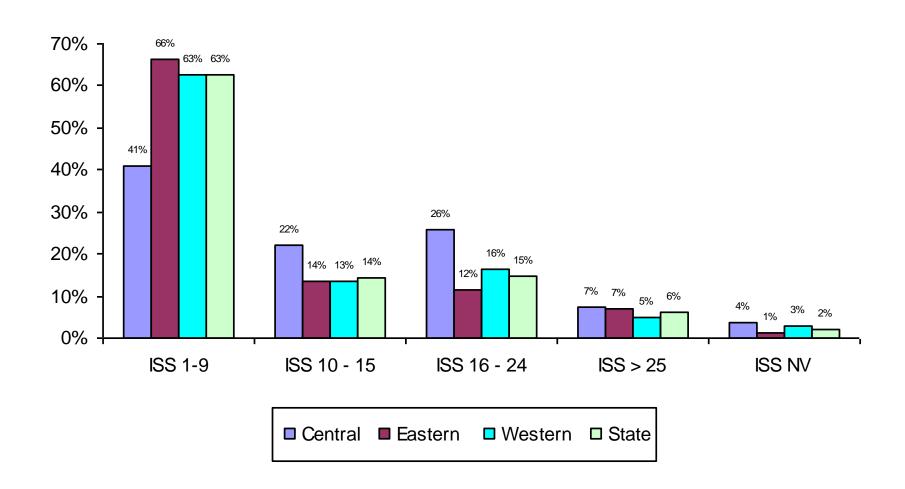
STATE **ED LOS: Less than 120 Minutes**



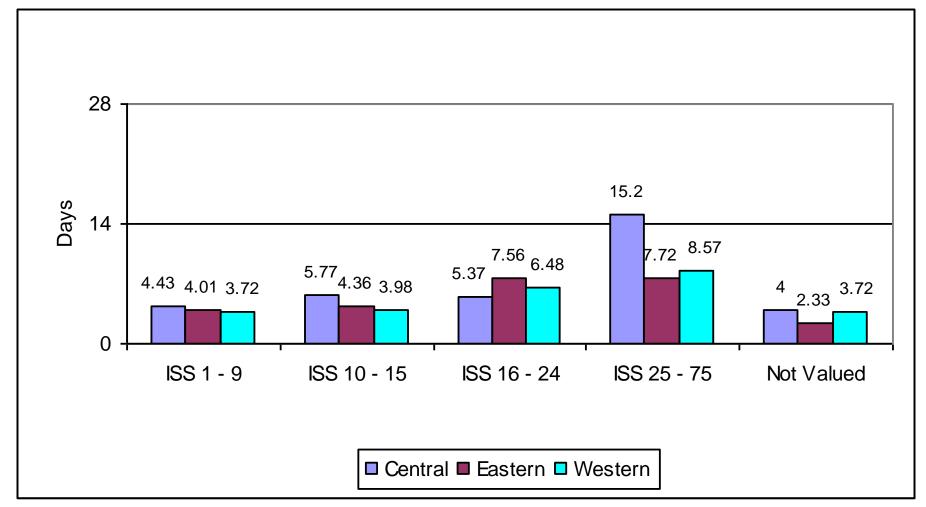
STATE ED LOS: 120 - 239 Minutes



STATE **ED LOS: >239 Minutes**

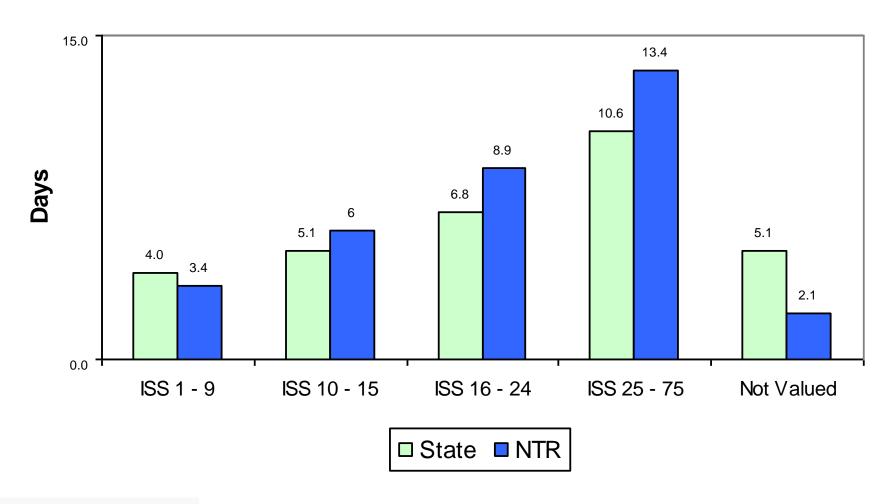




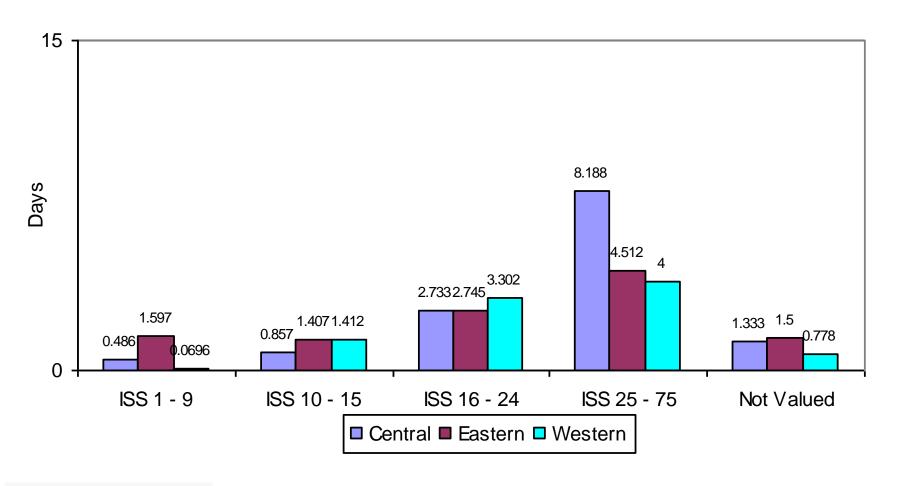


Avg. Hospital LOS

(comparing State and National Trauma Registry)

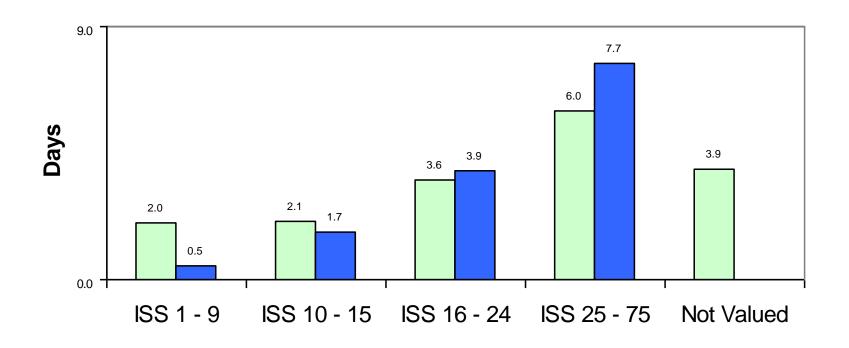






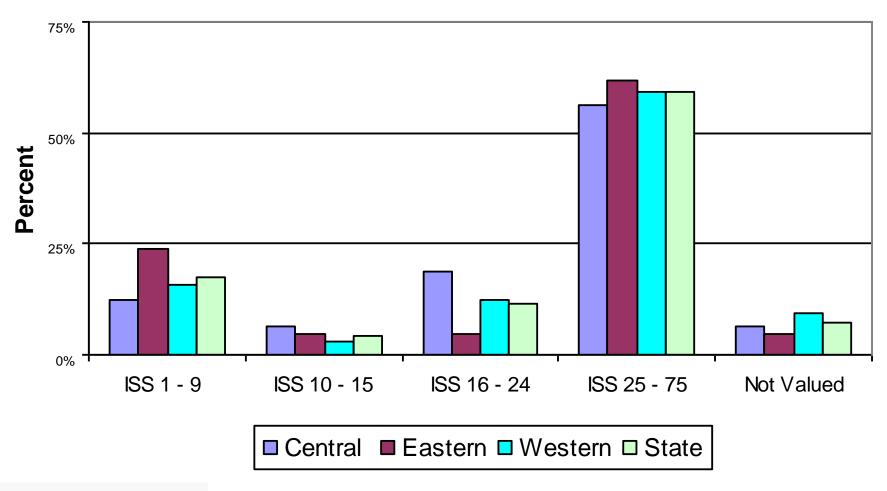
Avg. ICU LOS

(comparing State and National Trauma Registry)



☐ State ■ NTR





Fatalities (no DOS)

Injury Causes Of Fatalities

N = 58 YTD

Falls – 17 (29%)

MVC - 12 (21%)

MCC - 7

Pedestrian – 2

Crushed-4

GSW = 13 (22%)

SI = 8

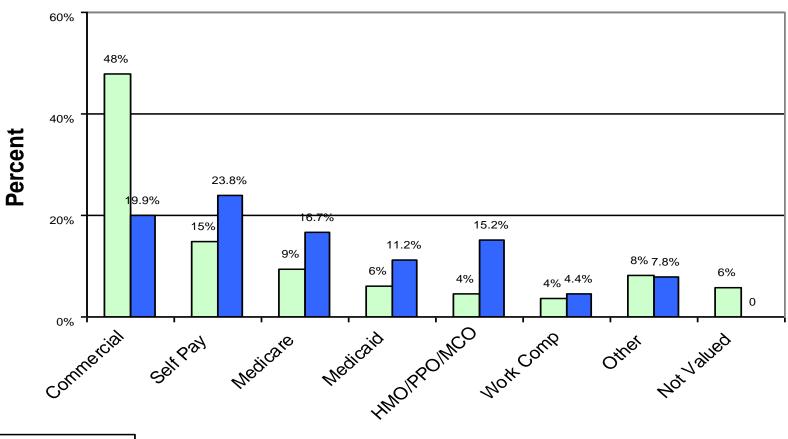
LE = 1

Assault = 1

Other GSW = 3

Fatalities

Payors



□ State ■ NTDB

Performance Indicators

1st – 2nd Quarters 2008 January 1 – June 30, 2007

PI # 1: Trauma Patients Transported per EMS Without Trip Report in the Medical Record

Prehospital Transport: YTD 886 (71%)

(07: 72%)

Report available: YTD 633 (71%),

(07: 74%)

No Report: YTD 227 (29%), (07:25%)

ND: 4 (<1%)

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PI#1cont'd

Ambulance Transports YTD

Central: 122 (83%)

+ Report: 106 (87%), No Report 12 (10%), ND 4

Eastern: 387 (67%)

+ Report: 274 (71%), No Report: 110 (28%), ND 3

Western: 377 (71%)

+ Report: 253 (67%), No Report 105 (28%), ND 19



PI # 1

- Incorporate EMS trip report tracking w/PIN network PI activity
- Refer to ECC for continuity of PI efforts
- Utilize "reinforcement/reminder" forums: TEAM Courses, RTAC meetings, feedback provided to CAH paper TR abstract users;
- Feedback from larger facilities w/transfers



PI # 2: Transferred Trauma Patients w/ISS > 15 & time at first facility > 6 hrs

3 YTD transfers w/ISS ≥ 15 & time @ facility ≥ 6 hrs

Avg. hours = 6.6 hrs

2 transferred from ED; Avg time; 6.6hr

1 transferred after adm: 73 hrs

PI #3: Trauma patients with ISS > 15 and ED time > 2 hours Level II facilities excluded

YTD: 92 patients

- **■YTD Average ED time:**
- ☐YTD Average ISS: 20
- ■Now looking at number of patients of facilities, mean & range of that facility & dispositions

PI # 4:

Trauma patients who died with an ISS < 15

N=2 YTD

1 low ISS w/+comorbidities

1 "undercoded" due to lack of complete Dx of injuries in ED

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ISS 9; Fall in BR- 84m
Laminar fx C1, pedicle fx C2
+co-morb CHF, HTN, COPD +Coumadin
Died next day ICU

ISS 1; GSW head "other & unspecified open wound of head" died ED

PI # 5: Patients w/GCS ≤ 9 & not intubated Patients NOT transferred YTD:1

1st quarter: 1

#1 22F, MVC unsuccessful resuscitation X 7" no ET

2nd quarter: 0

PI # 5: Patients w/GCS ≤ 9 & not intubated Transferred Patients YTD: 1

Ist quarter: 1

2yr old fall, +LOC

Scene/1st ED GCS UNK

2nd ED GCS 9, head CT negative

Rapid clearing of GCS to 15 by ICU admission (90" 2nd ED)

Dism to home after 2 hospital days, 1 ICU day, Concussion, brief LOC